Meeting Etiquette

- Remember: If you are not speaking, please keep your phone on mute

- Do not put your phone on hold. If you need to take a call, hang up and dial in again when finished with your other call
  
  » Hold = Elevator Music = frustrated speakers and participants

- This meeting is being recorded
  
  » Another reason to keep your phone on mute when not speaking

- Use the “Chat” feature for questions, comments and items you would like the moderator or other participants to know.
  
  » Send comments to All Panelists so they can be addressed publically in the chat, or discussed in the meeting (as appropriate).
<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>Kerry Lida (CMS) &amp; Evelyn Gallego (EMI Advisors LLC)</td>
</tr>
<tr>
<td>Update on eLTSS dataset standardization</td>
<td>Evelyn Gallego (EMI Advisors LLC)</td>
</tr>
<tr>
<td>SAMHSA Semantic Interoperability Workbench</td>
<td>Ken Salyards (SAMSHA)</td>
</tr>
<tr>
<td></td>
<td>Ken Lord (MDIX Inc.)</td>
</tr>
<tr>
<td>SAMHSA Omnibus Care Plan Care Coordination System</td>
<td>Ken Salyards (SAMSHA)</td>
</tr>
<tr>
<td></td>
<td>Chirag Bhatt (FEI Systems)</td>
</tr>
<tr>
<td>Federal Partner Discussion</td>
<td>All</td>
</tr>
<tr>
<td>Next Steps</td>
<td>Evelyn Gallego (EMI Advisors LLC)</td>
</tr>
</tbody>
</table>
Welcome & Introductions
eLTSS Dataset
Standardization
### RECAP: eLTSS Final Dataset

- **Total Number of Elements:** 56

<table>
<thead>
<tr>
<th>Beneficiary Demographics: 10 Elements</th>
<th>Person Centered Planning: 11 Elements</th>
<th>Plan Information: 1 Element</th>
<th>Risks: 2 Elements</th>
<th>Service Provider Information: 5 Elements</th>
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</thead>
<tbody>
<tr>
<td>Person Name</td>
<td>Person Name</td>
<td>Plan Effective Date</td>
<td>Identified Risk</td>
<td>Support Planner Name</td>
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<td>Person Identifier</td>
<td>Preference</td>
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<td>Risk Management Plan</td>
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<td>Person Identifier Type</td>
<td>Person Setting Choice Indicator</td>
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<td>Support Planner Phone Number</td>
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<tr>
<td>Person Date of Birth</td>
<td>Person Setting Choice Options</td>
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<td>Service Provider Name</td>
</tr>
<tr>
<td>Person Phone Number</td>
<td>Service Options Given Indicator</td>
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<td>Service Provider Phone Number</td>
</tr>
<tr>
<td>Person Address</td>
<td>Service Selection Indicator</td>
<td></td>
<td></td>
<td>Non-Paid Provider Relationship</td>
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<td>Emergency Contact Name</td>
<td>Service Provider Options Given Indicator</td>
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<tr>
<td>Emergency Contact Relationship</td>
<td>Service Provider Selection Agreement Indicator</td>
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<tr>
<td>Emergency Contact Phone Number</td>
<td>Service Plan Agreement Indicator</td>
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<tr>
<td>Emergency Backup Plan</td>
<td>Plan Monitor Name</td>
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<td></td>
<td>Plan Monitor Phone Number</td>
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<tr>
<td></td>
<td><strong>Goals &amp; Strengths:</strong> 3 Elements</td>
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<tr>
<td>Goal</td>
<td>Plan</td>
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<tr>
<td>Step or Action</td>
<td>Plan Monitor Name</td>
<td></td>
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<tr>
<td>Strength</td>
<td>Plan Monitor Phone Number</td>
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<td></td>
<td><strong>Plan Signatures:</strong> 12 Elements</td>
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<tr>
<td>Person Signature</td>
<td>Person Signature</td>
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<tr>
<td>Person Printed Name</td>
<td>Person Signature Date</td>
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<tr>
<td>Person Signature Date</td>
<td>Guardian/Legal Representative Signature</td>
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<tr>
<td>Guardian/Legal Representative Name</td>
<td>Guardian/Legal Representative Signature Date</td>
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<tr>
<td>Guardian/Legal Representative Printed Name</td>
<td>Support Planner Signature</td>
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<tr>
<td>Guardian/Legal Representative Date</td>
<td>Support Planner Name</td>
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<tr>
<td>Guardian/Legal Representative Phone</td>
<td>Service Provider Name</td>
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<tr>
<td>Guardian/Legal Representative Phone Number</td>
<td>Service Provider Phone Number</td>
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<tr>
<td><strong>Service Information:</strong> 12 Elements</td>
<td>Service Provider Name</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Service Name</td>
<td>Service Provider Phone Number</td>
<td></td>
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<tr>
<td>Self-Directed Service Indicator</td>
<td>Service Funding Source</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Service Start Date</td>
<td>Unit of Service Type</td>
<td></td>
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</tr>
<tr>
<td>Service End Date</td>
<td>Service Unit Quantity</td>
<td></td>
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<tr>
<td>Service Delivery Address</td>
<td>Service Unit Quantity Interval</td>
<td></td>
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<tr>
<td>Service Comment</td>
<td>Service Rate per Unit</td>
<td></td>
<td></td>
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<tr>
<td>Service Funding Source</td>
<td>Total Cost of Service</td>
<td></td>
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</tbody>
</table>

The Office of the National Coordinator for Health Information Technology
1. eLTSS Standard Development
   - Internal coordination with GA Reference Data Model Project
   - HL7 WG Coordination
     - Nov GA F2F Meeting
     - March 21 GA F2F Meeting
     - eLTSS Draft Guidance Complete
     - eLTSS Pilot Guidance Complete

2. eLTSS Standard Testing
   - Pilots Identification
     - eLTSS Pilots Complete
     - Pilot Findings Report Out

3. HL7 IG Ballot Development
   - eLTSS IG Revisions & Ballot Development
     - eLTSS Ballot Period (Aug 24 – Sept 24)
     - HL7 PSS Due
     - HL7 NIB Due
     - HL7 Ballot Materials Due

- eLTSSv2 Kick-Off
- HL7 Jan WGM
- HL7 May WGM
- HL7 Sept WGM
January HL7 Working Group Meeting Debrief
ONC & GA Team Engagement with HL7

• Participating in select weekly HL7 Workgroup Meetings and active HL7 standardization projects (in addition to eLTSS):
  » HL7 Learning Health System (LHS) and Patient Care: Care Team Domain Analysis Model
  » HL7 Patient Care: Care Plan Standards Harmonization Project
• Participated in person at HL7 January Working Group Meeting in New Orleans (Jan 28 to Feb 1, 2018)
• Collaboration with standard development organization (SDO) HL7 ensures:
  » We identify the right electronic standards to represent the eLTSS dataset in electronic systems.
  » The standards identified will support the INTEROPERABLE capture and exchange of eLTSS data elements across clinical (e.g. EHRs) and non-clinical IT systems (e.g. LTSS system)
Why do we need HL7 sponsored standards?

- HL7 is an **American National Standards Institute (ANSI)** accredited organization and as such maintains strict processes for the development, curation and publication of health IT standards
- Expert stakeholder groups across healthcare industry participate and contribute to HL7 standards
- Adherence to the HL7 process provides a level of legitimacy and formality to a technical innovation
- HL7 published standards can be enforced by inclusion in regulations and policies by government agencies (Federal and State)
- Several HL7 standards are referenced in ONC Health IT Certification Program (Regulation), ONC Interoperability Standards Advisory (ISA) (Guidance) and CMS Quality Payment Programs (QPP)
## HL7 Workgroup (WG) Presentations

<table>
<thead>
<tr>
<th>HL7 Workgroup</th>
<th>Why target this WG?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Care and Privacy (CBCP)</td>
<td>Focus on standards to improve the delivery of community-based care (non-institutional). <strong>Three focus areas are: Behavioral Health, Privacy and Consent and Long-Term Care. Engage with other HL7 WGs based on common goal of interoperability across sectors and disciplines with Health and Human Services.</strong></td>
</tr>
<tr>
<td>Financial Management</td>
<td>Focus on standards for financial event messages to include those needed for patient administration, medication, orders and observations and benefits determination.</td>
</tr>
<tr>
<td>Attachments</td>
<td>Identify standards that support the exchange of additional supporting information amongst payers/utilization management organizations related to: healthcare claims or encounters; healthcare services review; post adjudicated claims audits</td>
</tr>
<tr>
<td>Clinical decision Support (CDS)</td>
<td>Focus on development of standards to support system-agnostic implementations of clinical decision support, including messages, services, information models, and knowledge representation formalisms.</td>
</tr>
<tr>
<td>Clinical Quality Information (CQI)</td>
<td>Create standards in support of improving health care quality, including clinical and non-clinical care, and to foster collaboration between quality measurement, outcomes and improvement stakeholders. Work closely with other HL7 WGs and other accreditation/certification organizations to include NQF, NCQA, Joint Commission.</td>
</tr>
</tbody>
</table>
## HL7 Workgroup (WG) Presentations

<table>
<thead>
<tr>
<th>HL7 Workgroup</th>
<th>Why target this WG?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Documents</td>
<td>Main workgroup responsible for the development of clinical document architecture (CDA) standards to include the C-CDA document templates referenced in ONC regulations (Care Plan, Continuity of Care, Discharge Summary, Referral Note, Consult Note)</td>
</tr>
<tr>
<td>Orders and Observations (O&amp;O)</td>
<td>Focus on standards to support the order/scheduling and clinical event management/reporting requirements between stakeholders in a healthcare organization regarding patients, non-patients, people, other species, or inanimate objects.</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Main workgroup responsible for development of standards related to patient care information. Inform activities of several HL7 WGs in topics such as: care structures, care records, care transfer and referral, allergies/adverse events, care plans, care coordination, assessments and procedures.</td>
</tr>
<tr>
<td>Patient Administration</td>
<td>Focus on standards to support interoperable exchange of patient admin information to include: demographics, additions and modifications to registries, scheduling of appointments for services, encounters and associate resources and queries for information</td>
</tr>
<tr>
<td>Learning Health System</td>
<td>Focus on development of a domain analysis model (DAM) for learning health systems as related to the adaptive systems described in the Institute of Medicine (IOM) reports. WG is currently developing the Care Team DAM that includes LTSS stakeholder groups.</td>
</tr>
</tbody>
</table>
## Standards Reviewed with HL7 WGs

<table>
<thead>
<tr>
<th>HL7 Workgroup</th>
<th>Topic and/or Standards For Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCP</td>
<td>FHIR ProcedureRequest, Procedure</td>
</tr>
<tr>
<td>Financial Management/Attachments</td>
<td>FHIR Claim, Contract</td>
</tr>
<tr>
<td>CDS and CQI</td>
<td>FHIR Activity Definition, PlanDefinition, RiskAssessment CDS Hooks</td>
</tr>
<tr>
<td>Structured Docs</td>
<td>C-CDA Care Plan Document Template C-CDA on FHIR</td>
</tr>
<tr>
<td>O&amp;O</td>
<td>FHIR Observation, ProcedureRequest, Device Request</td>
</tr>
<tr>
<td>Patient Care, Patient Admin, LHS</td>
<td>FHIR CarePlan, CareTeam, ClinicalImpression, Condition, Procedure, Goal, Patient, Practitioner, Related Person, EpisodeOfCare C-CDA Care Plan</td>
</tr>
</tbody>
</table>
Overall Summary

• ONC and GA DCH Support Teams worked hand in hand to deliver **seven** separate presentations.

• HL7 Participants demonstrated interest in this work and recognized this would be a new focus for HL7 (social services/human services); no one indicated HL7 should not be involved.
  
  » Similar HL7 projects more focused on information exchange between clinical settings and community-based settings (encounter starts within clinical setting, not HCBS setting).

  » Workgroups ’open’ to revising existing FHIR resources to meet eLTSS requirements.
Key Takeaways

• Learning around difference between “patient” and “person”

• WGs agreed with mapping already completed between eLTSS dataset and FHIR Resources; requested ONC/GA Team submit trackers (change requests) to update existing FHIR resources to reflect eLTSS needs

• SD WG favored any HL7 guidance that will be developed to reference or point to C-CDA versus creating new document template or sections
  » Request we use same approach as has been done for the C-CDA Nutrition Supplemental Implementation Guide

• Discussion on hosting a catalog or directory of services that FHIR resources can point to
  » Note that every state pays out services differently; can be included in Authorization Resource
Key Takeaways cont’d

• Long discussion on use of Procedure Resource for eLTSS
  » Agreed that multiple services can be delivered within one encounter
  » Achieved consensus on updating definition of Procedure Resource to reflect that the ‘action’ can be made ‘on’ or ‘for’ an individual. This would support services such as ‘walking the dog’ that are done FOR the individual, not ON the individual. PC Co-chair added this request to FHIR Tracker

• LHS developing Care Team DAM that includes eLTSS Use Case. Will be building model of a whole person care team which is made up of multiple component teams or sub-teams
Next Steps: HL7 Work Group Trackers

- [#15127] **Summary**: Update Procedure scope, examples, and category for eLTSS
- [#15691] **Procedure → Self Direction Indicator**: ask for an explicit element to hold a self direction indicator
- [#15690] **Procedure**: Change cardinality of location data element from 0-1 to 0-n. This would keep it in sync with the proposed cardinality for the requested location element in ServiceRequest
- [#15692] **ServiceRequest → Self Direction Indicator**: ask for an explicit element to hold a self direction indicator
- [#15725] **ServiceRequest**: Add funding source data element, cardinality 0-n.
- [#15726] **ServiceRequest**: Add unit cost and total cost data elements.
- [#15727] **ServiceRequest**: Add location data element, cardinality 0-n.
- [#15763] **ServiceRequest**: Clarify definition of insurance to include self-pay, since it links to Coverage which includes self-pay.
Testing Opportunities

- Planning two testing events or connectathons
  - **May HL7 FHIR Connectathon** in Cologne, Germany: to be led by VA Consultants working on VA Care Coordination Project
    - Two day event hosted through HL7 FHIR Connectathon Care Plan Track
  - **June eLTSS FHIR Connectathon** in Atlanta: to be scheduled at GA Tech Campus
    - One day event to engage implementers in testing and validating the revised FHIR Resources applicable to the eLTSS dataset
    - Participants responsible for travel, meals and any lodging associated; NO additional participation fees
Next Steps: Mapping to C-CDA R2.1 Care Plan

<table>
<thead>
<tr>
<th>Beneficiary Demographics &amp; Contact: 6 Elements</th>
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<tbody>
<tr>
<td>Person Name</td>
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<table>
<thead>
<tr>
<th>Goals, Strengths, Steps and Preferences: 5 Elements</th>
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<tr>
<td>Assessed Need</td>
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<tr>
<th>Emergency Contacts &amp; Backup Plan: 4 Elements</th>
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<tr>
<td>Emergency Contact Name</td>
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<table>
<thead>
<tr>
<th>Service Provider Name &amp; Contact: 5 Elements</th>
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<tr>
<td>Support Planner Name</td>
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<table>
<thead>
<tr>
<th>Choice &amp; Consent: 7 Elements</th>
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<tr>
<td>Person Setting Choice Indicator</td>
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<table>
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<tr>
<th>Plan Signatures: 12 Elements</th>
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</thead>
<tbody>
<tr>
<td>Person Signature, Printed Name, Signature Date</td>
</tr>
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</table>

<table>
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<tr>
<th>Plan Metadata: 3 Elements</th>
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<th>Risks: 2 Elements</th>
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<td>Identified Risk</td>
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<th>Service Information: 12 Elements</th>
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<tr>
<td>Service Name</td>
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</table>

- **Semantic and syntactic equivalence for both C-CDA data element and its use in C-CDA Care Plan**
- **Some additional context required for either C-CDA data element or its use in C-CDA Care Plan**
- **Some additional context required for both C-CDA data element and its use in C-CDA Care Plan**
- **No semantic match for the C-CDA data element, and some additional context required for use in C-CDA Care Plan**
- **No semantic or structural match available in C-CDA**
SAMSHA Semantic Interoperability Workbench (SIW)
Demo to ONC eLTSS Federal Partner Webinar

April, 6, 2018
Substance Abuse and Mental Health Services Administration
Agenda

- Semantic Interoperability Workbench Premise
- Semantic Interoperability Workbench Introduction
- Semantic Interoperability Workbench Overview
- Semantic Interoperability Workbench Process
- Semantic Interoperability Workbench Functional Overview
- Semantic Interoperability Workbench Technical Components
- Semantic Interoperability Workbench Demonstration
- Q&A
SIW Premise

Effective Care for the patient requires a view of clinical, behavioral and mental health issues. Clinical care and behavior/mental healthcare are provided by different practitioners and support personnel across different organization. To achieve a patient-centric view of the care plan, information exchange is required.

“While the health industry continues to develop new formats that attempt to simplify or modernize interoperability across healthcare, it is continually challenged by the difficulty of current applications to exchange documents that can be interpreted by the receiver of the document.”

SIW Introduction

- Employs a model driven approach for determining and testing interoperability between different healthcare exchange formats.
- Federal Agency and SDO programs utilizing the SIW
  - SAMSHA SIW: (OCP, IExHUB)
  - FHA Semantic Interoperability Guide and Generator (SIGG)
  - VHA Standards Incubator
  - HL7: Cross-Paradigm Interoperability Implementation Guide for Immunizations
  - ONC Funded Partners Healthcare Project
  - Massachusetts Behavioral Healthcare Community Partner / ACO Program
- Open Source Software based on OMG Open Standard Interoperability Model, Open Source Content, Open Source Shareable Maps
SIW Process

Enables any Map (Model) to exchange and compare information with any other Map.

1. Simplifies
2. Isolates change
3. Enables versioning

Maps: CCDA 1.1, CCDA 2.1, FHIR STU2, FHIR STU3, HL7 V.2.5*, VLIR, DES, FHIM, and others
SIW Functional Overview – Subject Matter Experts

- Tooling for creating and editing Maps
- Metamodel (Interoperability Model)
- Semantic Element Exchange Repository (SEER)
- Generate MAP
- Generate Report(s)
- Tooling for SMEs
- Generate and Annotate Model for Format
- Generate Map
SIW Technical Components

MDMI Metamodel (Interoperability Model)
1. Object Management Group Standard
2. Provides any-to-any interoperability
3. Tooling developed to Create and Annotate (Automation)
4. Generates a computable “Map” for the Format
5. Tooling developed for SMEs; e.g. generates a spreadsheet using the Maps.

Semantic Element Exchange Repository (SEER)
1. Over 3,500 Elements; Coverage of CCDA 1.1 and 2.1 data elements and FHIR versions
2. The SEER is comparable to the CMS Data Element Library with additional scope and information.
SIW Demonstration
Omnibus Care Plan
Care Coordination System
Demo to ONC eLTSS Federal Partner Webinar

April 6, 2018
Substance Abuse and Mental Health Services Administration
Agenda

• Omnibus Care Plan Premise
• Omnibus Care Plan Overview
• Omnibus Care Plan Team
• Omnibus Care Plan Solution Components
• Omnibus Care Plan Roadmap
• Demonstration of OCP
• Q&A
Patient-centered care revolves around effective and efficient care coordination across care providers, patient engagement, social connectedness, and facilitating the patients’ treatment beyond episodic or chronic treatment.

Today, the healthcare environment is fragmented and ineffectual in providing 360° whole-patient care with the mix of private and public insurers and self-pay with a large number of no pay patients.

SAMHSA is devoted to the care and treatment of behavioral health patients. New models of paying for care are being developed and initiated with the objective to reduce the cost of healthcare.
Omnibus Care Plan Functional Overview

**Administrative**
- Program, Services, Locations
- Patient Enrollment
- Practitioners, Organizations
- Patient Consent
- Episode of Care

**Scheduling/Appointment**
- New Appointments
- Encounter Management

**Care Coordination**
- Caseload Mgmt. Dashboard
- Enrollee/Consumer Dashboard
- Outreach/Activity Management
- Smart Notes
- Program Mgmt.

**Screener/Assessment**
- Scored screening and assessments (MA Assessment, PHQ9, PHQ4, etc.)
- BH-Works Comprehensive Assessment
- Computable Scores/sub-scores (LOINC)

**Care Planning**
- SOAP/Visit Notes
- Dynamic Care Plan Summary
- Goals and Interventions based on Outcomes/scores

Standards-based Data Shared Among Applications

HL7® FHIR®
Omnibus Care Plan Technical Architecture

Cloud-based, Secure, HIPAA Compliant, Scalable, Extensible web platform

- Browser-based, supports phone/mobile
- Low Information Technology (IT) overhead

- HL7 Fast Healthcare Interoperability Resources (FHIR),
- Integration with Electronic Health Record (EHR), billing, quality systems

- HIPAA compliant cloud services
- Business Associate Agreement
- Centralized management, secure, scalable

- Reuses existing software components
- Extensible to integrate other applications

- Encryption
- Identity & Access Mgmt.
- User roles (Permissions)
- Patient Consent

- Automatic increase in memory, storage to match user needs cloud services

- Encryption
- Identity & Access Mgmt.
- User roles (Permissions)
- Patient Consent

Security/Privacy
Omnibus Care Plan Collaborative Team

Public-Private Partnership
- Subject Matter Experts
- Software Vendors
- Provider Organizations
- State and Federal Stakeholders

SAMHSA
- BH IT Standards Contract
- Standards Engagement (HL7, Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT))
- SMEs Engagement (Psychiatrists, Psychologists, Case Managers, Social Workers)

FEI Systems
- Lead Integrator
- Consent2Share

Eversolve
- Standards Expertise

Medicomp Systems
- Quippe Clinical Documentation Suite

mdlogix
- BH-Works Comprehensive Assessment

MDIX
- Integration Tooling
# Omnibus Care Plan Solution Overview:
## Key Application Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Care Coordination</td>
<td>Cloud-based, open-source, secure, scalable, standards-based, wraparound application</td>
</tr>
<tr>
<td>Portal</td>
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<tr>
<td>Medicomp Systems</td>
<td>Commercial, clinical user interface, fully-coded and mapped to national terminology standards</td>
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<tr>
<td>Quippe</td>
<td>✓ Provides point of care access to, and organization of, patient data</td>
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<td></td>
<td>✓ Dynamic clinical documentation tools</td>
</tr>
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<td></td>
<td>✓ Frost &amp; Sullivan 2017 Best Practices Award; US Healthcare Documentation Enabling Technology Leadership Award winner</td>
</tr>
<tr>
<td>mdlogix BH-Works</td>
<td>Commercial, comprehensive, universal screener, may be used by consumers</td>
</tr>
<tr>
<td>Consent2Share</td>
<td>Open-source patient consent management</td>
</tr>
</tbody>
</table>
Omnibus Care Plan Solution Overview:
Solution Component Diagram

Functional Services
- Clinical Decision Support (CDS)
- Workflow Coordination
- Analytics & Reporting

Care Coordination
- BH-Works
  - Assessment
  - LOINC Observations

Alerts & Notifications

Task/Activity Management
- Consent2Share Consent Management
- Quippe
  - Care Plan
  - Knowledge Base

Scheduling/Appointments

Referral Management

Infrastructure Services
- Security
- Semantic Interoperability Workbench (SIW)
- EHR/HIE Integration

HL7 Fast Healthcare Interoperability Resources (FHIR)
Omnibus Care Plan Roadmap: Data Standards, Interoperability, and Analytics

**Data Standards**
- Sharing data among applications in a seamless manner
- Monitor and report patient outcomes

**Interoperability**
- EHR systems
- Pre-authorization
- Billing system
- Electronic Visit Verification
- Quality reporting system
- Patient engagement through mobile devices
- Expanded provider access to telemedicine

**Analytics**
- Data warehouse and integration
- Business intelligence (BI) reporting and health analytics
- Quality outcome reporting
- Clinical decision support

- Health and Human Services (HHS) under Federal Government agencies are driving interoperability efforts and change in US Healthcare
  - Office of National Coordinator (ONC) is leading interoperability through standardization workgroups, collaboration with Standards Development Organizations (SDO) and certification programs of the healthcare systems
  - SAMHSA is leading interoperability specifically for the behavioral health domain by working with SDOs and other federal agencies
OCP Demonstration
Questions and Next Steps
Federal Partner Discussion
Key Asks: Opportunities for Broader Federal Partner Engagement

• Are there other Federal Partner Projects focused on use of FHIR or C-CDA Resources to capture Care Plan information?
• Which Federal Partners are currently working with SDOs to include HL7, Integrating the Health Enterprise (IHE) International, International Health Terminology Standards Development Organization (IHTSDO) and Regenstrief Institute?
  » Is there opportunity to collaborate amongst the Federal Partner Projects?
Next Steps for Federal Partner Engagement

• Participate in eLTSS Quarterly Meetings:
  » Seeking other Federal Partner Project presentations
  » Next one to be scheduled for **July 2018**

• Identify additional organizations that can contribute to testing and validating of eLTSS dataset
eLTSS Initiative Contacts

- **ONC Leadership**
  - Stacy Perchem ([Anastasia.Perchem@hhs.gov](mailto:Anastasia.Perchem@hhs.gov))
  - Caroline Coy ([caroline.coy@hhs.gov](mailto:caroline.coy@hhs.gov))
  - Elizabeth Palena-Hall ([elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov))

- **CMS Leadership**
  - Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))

- **Federal Partner Leadership**
  - Shawn Terrell ([shawnterrell@acl.hhs.gov](mailto:shawnterrell@acl.hhs.gov))
  - Caroline Ryan ([caroline.ryan@acl.hhs.gov](mailto:caroline.ryan@acl.hhs.gov))
  - Marisa Scala-Foley ([marisa.scala-foley@acl.hhs.gov](mailto:marisa.scala-foley@acl.hhs.gov))

- **Initiative Coordinator**
  - Evelyn Gallego ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))
Back-Up
CMS 2014 Medicaid HCBS Rule

Defined by Medicaid under § 441.301(c) as part of the scope of services and supports required under the State’s 1915(c) Home and Community-Based Settings (HCBS) waiver to include:

- The setting in which the individual resides is chosen by the individual
- Individual’s strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual’s identified goals and designed outcomes
- Services and supports that will assist individual to achieve identified goals, and providers that will perform services
- Risk factors and measures in place to minimize them
- Individual and/or entity responsible for monitoring the plan
- Informed consent of the Individual
- Services the individual elects to self-direct

Source: https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-
Key Inputs to Person-Centered Plan: Person-Centered Profile

WHAT IS IMPORTANT TO ROBERT
- Having a straw to hold
- Looking sharp
- Using my iPad apps
- Drinking water
- Out and about
- Eating out
- Swimming
- Church
- Music
- Family
- Healthy food
- Recreation, sports
- Volunteer, Job

WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT
- Say what I want, decisive
- Good memory
- Like everyone
- Handsome and polite
- High energy, adventurous
- Love my family
- Deep thinker
- Nice dresser
- Mellow
- Funny
- Like to "chill"

SUPPORTS ROBERT NEEDS TO BE HAPPY, HEALTHY, AND SAFE
- Medication on time
- Careful in parking lots
- Help in bathroom
- Seat belt on
- Wear ID bracelet
- Use bathroom a lot
- Call Mom if problem or question(s) 410.733.9539
- Deep breaths if agitated
- Safe seizures
- Suntan lotion
- Food cut up
- Teeth clean
- No balcony use
- Nurse Lara: 443.677.7130

PEOPLE WHO HELP ROBERT BEST
- Tell me when I do well
- Cheerful and outgoing
- Assist me to do things for myself
- Help me do what I like to do
- Use positive language (not “don’t...”)
- Tell me the plan
- Keep my house clean and neat
- Communicate and keep my mom in the loop
- Minimize waiting for things to happen
- Know I may have a seizure
- Identify fun activities
- Professional
- Stay with me
- Think ahead
- Safe driver
- Engage me
- Are on time

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